

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

CASE MANAGEMENT SERVICES

I. MENTALLY ILL

A. TARGET GROUP

Severely mentally ill adults, defined as persons who:

1. are at least 18 years old;
2. currently or during the past year have been diagnosed as having a Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), Axis I or II mental, behavioral or emotional disorder;
3. which results in a functional impairment which subsequently interferes with or limits one or more major life activities such as achieving or maintaining employment, housing, education, relationships and/or safety;
4. these disorders exclude substance related or addictive disorders, irreversible dementias and mental retardation. Adults with excluded disorders may be served if they also have been diagnosed as having allowed severe emotional, mental or behavioral disorders.

Severely emotionally disturbed youth, defined as persons who:

1. are less than 18 years old;
2. currently or during the past year have been diagnosed as having a DSM IV Axis I or II mental, emotional or behavioral disorder;
3. which results in a long term functional impairment which substantially interferes with or limits the youth's functioning in family, school or community activities;
4. these disorders include mental disorders listed in DSM-IV with the exception of DSM-IV .V. codes, substance related disorders and developmental disorders. Youth with excluded disorders may be served if they also have been diagnosed as having allowed severe emotional, mental or behavior disorders.

The determinations for mentally ill adults under #2 and #4, and the determinations for children under #2, #3, and #4, are made by a

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psychiatrist licensed to practice medicine in Nevada who is eligible for certification by the American Board of Psychiatry and Neurology, by a psychologist licensed to practice in Nevada, or by a social worker licensed to practice in Nevada.

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED:

  X   Entire State.

       Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide).

C. COMPARABILITY OF SERVICES

       Services are provided in accordance with section 1902(a)(10)(B) of the Act.

  X   Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. DEFINITION OF SERVICES

Case management assists individuals in gaining access to needed medical, social, educational, and other services and will consist of the following:

1. assessing the consumer's case management service needs;
2. informing the applicant of service and provider options;
3. developing a plan of care;
4. locating and coordinating resources to meet the consumer's needs;
5. arranging services and transportation to services;
6. providing information to service providers about the consumer's medical history and level of functioning necessary to plan, deliver, and monitor services;
7. monitoring progress and compliance with the plan of care by the consumer and by service providers;
8. informing service providers of changes in the consumer's condition;
9. coordinating or participating in Interdisciplinary Team meetings;

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10. assisting the consumer to gain access to training programs designed to improve the consumer's needed self-help skills areas;
11. with consumer consent, informing members of his/her family or other caretakers of support necessary to obtain optimal benefits of prescribed medical services;
12. counseling to assist consumers in obtaining needed services;
13. revising the plan of care; and
14. recording the delivery of eligible case management services.

E. QUALIFICATION OF PROVIDERS

Qualified providers are persons employed by the State of Nevada, Department of Human Resources, other than Medicaid, or organizations affiliated with the University of Nevada School of Medicine who provide case management services and meet one of the following criteria:

1. psychiatrists licensed to practice medicine in Nevada and eligible for certification by the American Board of Psychiatry and Neurology;
2. psychologists licensed to practice in Nevada;
3. social workers who are licensed in Nevada;
4. registered nurses who are licensed in Nevada to practice professional nursing; or
5. nurses, psychiatric caseworkers, mental health technicians, mental health counselors, and child development specialists who work under the direct supervision of a person in classes 1 through 4 above.

F. FREEDOM OF CHOICE

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

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2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. NON-DUPLICATION OF PAYMENTS

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Payment is not made for services for which another payer is liable or for services for which no payment liability is incurred. Payment is not made for case management-type services which are an integral and inseparable part of another Medicaid covered service.

Payment is not made for discharge planning for inpatients, which is required as a condition for payment of inpatient services.

H. PAYMENT METHODOLOGY

Reimbursement is made at a prospectively determined hourly rate. Claims are submitted from the provider to Medicaid using quarter-hour increments for actual time spent providing case management services.

II. MENTALLY RETARDED

A. TARGET GROUP

Adults and children with mental retardation are persons with significantly subaverage general intellectual functioning (IQ of 70 or below) and with concurrent deficits in adaptive behavior manifested during the developmental period. They reside in a developmental or group home, the home of a relative, or a supported living arrangement or live independently. This determination is made by a Qualified Mental Retardation Professional as defined in 42 CFR 483.430.

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED:

  X   Entire State.

       Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide).

C. COMPARABILITY OF SERVICES

       Services are provided in accordance with section 1902(a)(10)(B) of the Act.

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X   Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. DEFINITION OF SERVICES

Case management assists individuals in gaining access to needed medical, social, educational, and other services and consists of the following:

1. assessing the consumer's case management service needs;
2. informing the consumer of service and provider options;
3. developing a plan of care;
4. locating and coordinating resources to meet consumer needs;
5. arranging services and transportation to services;
6. providing information to service providers about the consumer's medical history and level of functioning necessary to plan, deliver, and monitor services;
7. monitoring progress and compliance with the plan of care by the consumer and by service providers;
8. informing service providers of changes in the consumer's condition;
9. coordinating or participating in Interdisciplinary Team meetings;
10. assisting the consumer to gain access to training programs designed to improve the consumer's needed self-help, domestic living and community awareness skills areas;
11. with the consumer's consent, informing members of his/her family or other caretakers of support necessary to obtain optimal benefits of active treatment services;
12. counseling to assist consumers in obtaining needed services;

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13. revising the plan of care; and
14. recording the delivery of eligible case management services.

E. QUALIFICATION OF PROVIDERS

Qualified providers are case managers of organizations affiliated with the University of Nevada School of Medicine, or employed by or contractors of, the State of Nevada Division of Mental Health and Developmental Services or the Division of Child and Family Services who meet one of the following criteria:

1. psychiatrists licensed to practice medicine in Nevada and eligible for certification by the American Board of Psychiatry and Neurology;
2. psychologists licensed to practice in Nevada;
3. social workers licensed to practice in Nevada;
4. registered nurses who are licensed in Nevada to practice professional nursing;
5. developmental disabilities specialists with at least a Bachelor's degree in human sciences; or
6. child development specialists, psychologists, nurses, social workers, caseworkers or interns who work under the direct supervision of a person in classes 1 through 5 above.

F. FREEDOM OF CHOICE

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

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G. NON-DUPLICATION OF PAYMENTS

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Payment is not made for services for which another payer is liable or for services for which no payment liability is incurred. Payment is not made for case management-type services which are an integral and inseparable part of another Medicaid covered service.

Payment is not made for case management services for residents in facilities whose services are Medicaid covered or for recipients of a Home and Community Based Waiver which provides for case management.

PAYMENT METHODOLOGY

Reimbursement is made at a prospectively determined hourly rate. Claims are submitted from the provider to Medicaid using quarter hour increments for actual time spent providing case management services.

III. DEVELOPMENTALLY DELAYED INFANTS AND TODDLERS

A. TARGET GROUP

Developmentally Delayed Infants and Toddlers are defined as:

Children ages birth through two years are determined eligible for early intervention services through the identification of a "developmental delay," a term which means:

1. A child exhibits a minimum of fifty percent (50%) delay of the child's chronological age in any one of the below areas for infants of 36 weeks gestation and above. Delays for infants less than 36 weeks gestation shall be calculated according to their adjusted age.

The delay(s) must be defined in one or more of the following areas:

- Cognitive development;
- Physical development, including vision and hearing;
- Communication development;

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- Social or emotional development; or
  - Adaptive development.
2. Children also are eligible who have a diagnosed physical or mental condition which has a high probability of resulting in developmental delays.
  3. Informed clinical opinion must be used in determining eligibility for services as a result of a development delay.

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED:

- X   Entire State.
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide).

C. COMPARABILITY OF SERVICES

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- X   Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. DEFINITION OF SERVICES

A case manager oversees each eligible child's and family's involvement from request for services through termination or transition from the program.

The case manager performs the following activities or assures that they occur:

1. Coordinating the performance of evaluations and assessments;
2. Facilitating and participating in the development, review, and evaluation of individualized family service plans (IFSPs);
3. Assisting families in identifying available service providers;
4. Coordinating and monitoring the delivery of available services;
5. Informing families of the availability of advocacy services;
6. Coordinating with medical and health providers;

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7. Facilitating the development of a transition plan to preschool services; and
8. Recording the delivery of eligible case management services.

E. QUALIFICATIONS OF PROVIDERS

Qualified providers are Child Development Specialists of organizations affiliated with the University of Nevada School of Medicine, or employed by or a contractor of the State of Nevada, Department of Human Resources, other than Medicaid, who provide case management services and meet one of the following criteria:

1. A Master's degree from an accredited college or university in early childhood special education, childhood human growth and development, psychology, counseling, social work, or closely related field; or
2. A Bachelor's degree from an accredited college or university with major work in early childhood human growth and development early childhood special education, psychology, counseling, social work, or a closely related field and one year of full-time professional experience in an early intervention program, early special education setting, integrated preschool program, mental health facility, or a clinical setting providing developmental or special education or treatment-oriented services to preschool or school age children with physical or mental disabilities, or emotional or behavioral disorders.

F. FREEDOM OF CHOICE

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. NON-DUPLICATION OF PAYMENT

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Payment is not made for services for which another payer is liable or for services for which no payment liability is incurred. Payment is not made for case management-type services which are an integral and inseparable part of another Medicaid covered service.

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Payments are not made for case management services for recipients in facilities whose services are Medicaid covered or for recipients of the Home and Community Based Waiver which already provides for case management.

PAYMENT METHODOLOGY

Reimbursement is at a prospectively determined hourly rate. Claims are submitted from the provider to Medicaid using quarter-hour increments for the actual time spent providing case management services.

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